



FIRE PREVENTION PROGRAM SUPPLIES FORM

Mail To:

**FIRE PREVENTION PROGRAM
PO BOX 7839
MADISON WI 53707-7839**

If you have questions regarding your order, contact Luann at (608) 266-5824. FAX (608) 261-7725, OR TDD: 608-264-8777. **You may also email requests to: fireforms@commerce.state.wi.us**

The following documents are made available to **Fire Departments** as tools to assist in providing fire protection and fire prevention services under ss.101.14, 101.575, Stats. There is **no charge to Fire Departments for REASONABLE quantities** of the supplies listed. We reserve the right to limit quantities.

Many forms and codes can be found on-line at <http://commerce.wi.gov/SB/SB-HomePage.html>

FORM NUMBER	TITLE	AMT
SBD-11	Fire Drills Record	
SBD-2113	Inspection Envelopes	
SBD-5295	Inspection Correction Order Pads	
SBD-5301	WI Fire Incident Report	
SBD-5302	WI Civilian Casualty Report (yellow)	
ERS-6281	WI Fire Incident & Casualty Transmittal (pink)	
ERS-6396	Fire Inspector ID Card Sheet (3 cards/sheet)	
SBD-7148	WI Fire Service Casualty Report (blue)	
ERS-7257	Bolt or Bar Adhesive Signs	
ERS-8221	Fire Door Adhesive Signs	
SBD-8568	WI Fire Incident Report	
ERS-9144	Interfering With Fire Fighting And False Alarm Warning Adhesive Signs	
ERS-10615	North Woods Fire Inspection Report	
ERS-10780-P	Smoke Detector Brochure	

CHAPTER NUMBER *	CODE NAME*	AMT
Comm 5	Credentials	
Comm 7	Explosives Materials	
Comm 9	Manufacturer of Fireworks	
Comm 10	Flammable and Combustible Liquids	
Comm 14	Fire Prevention	
Comm 16	Electrical	
Comm 20-25	Uniform Dwelling	
Comm 28	Smoke Detectors	
Comm 30	Fire Department Safety and Health	
Comm 40	Gas Systems	
Comm 45	Mechanical Refrigeration	
Comm 50-64	WI Commercial Bldg Code (pre 7/02)	
Comm 61-65	Wisconsin Commercial Bldg Code	
Comm 66	Uniform Multifamily Dwelling Appendix	
Comm 69	Barrier-Free Design	
Comm 70	Historic Buildings	
Comm 75-79	Existing Buildings	
Comm 95-98	Manufactured/Mobile Home Parks, Sellers and Dealers	

Please print clearly or type.

PLEASE COMPLETE ALL OF THE FIELDS BELOW:

Order Date:

First & Last Name:
Fire Department Name:
Mailing or Shipping Address:
City & Zip Code:
WI

Daytime Phone Number:
Or Email address
FAX Number:
Number of Fire Inspectors:
FDID Number: